

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	ent Name	S,	moothie King	Telephone Number 8/2-945- 5464	Date of Ins (mm/dd/yr		
Establishme	ent Addres	s (nur	hown Rd Suite # New Albany IN		12/12	/19 238	
Owner	06 R	De	bbie MILray 47150	Purpose:	Follow-u	P Release Date /Odays	
Owner's Ac				2. Follow-up 3. Complaint	Summary of Violations:		
Person in C	harge Q661	<u> </u>	Braniff	4. Pre-Operational	c	$NC R \mathcal{D}$	
Responsible				5. Temporary 6. HACCP	Menu Ty	oo (See back of page)	
Certified Fo	ood Manag	ger	Debbie McIlroy	7. Other (list)	12	<u> </u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	 -		To Be Corrected By	
392	NC		Observed Sharel dumpst	er aren		today	
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Received by (name and title printed): NUAM Bruiff, Manager Inspected by (name and title printed): Thomas Suider, EHS							
Received by	(signature	i P	XD	Inspected by (signature):	Line		
co:		~1,	cc:		co:	······································	